

ILLINOIS DEPARTMENT OF CORRECTIONS

Report of Extraordinary or Unusual Occurrences

Report all extraordinary or unusual occurrences involving detainees in writing within 72 hours to the Office of Jail & Detention Standards. When a delay in the written report is unavoidable, make the report by telephone and submit the written report as soon as possible to:

Office of Jail & Detention Standards
1301 Concordia Court, P. O. Box 19277
Springfield, Illinois 62794-9277
Telephone: (217) 558-2200, ext. 4212
Fax: (217) 522-3906

Check one: ☐ County
☐ Municipal (except Chicago)
☒ Chicago Police Department, include
R.D. Number: HT-639642

Facility Name: Chicago Police / District 006

Telephone #: 312-745-3610

Address: [REDACTED] Street Chicago City IL [REDACTED] State Zip Code

Date of Occurrence: 19-DEC-2011

Time of Occurrence: 10:05

☐ a.m. ☒ p.m.

Type of Occurrence: ☐ Suicide (method) ☐ Suicide Attempt (method)
☐ Homicide ☐ Homicide Attempt ☐ Escape ☐ Escape Attempt ☐ Fire ☐ Serious Injury
☒ Battery ☐ Riot or Rebellion ☐ Sex Offense ☐ Assault on Staff ☐ Assault among Detainees
☐ Fighting among Detainees ☐ Restraints Used ☐ OC Spray Used ☐ Other (specify):

Detainees Involved			
Name	Date of Birth	Date Confined	Arresting Charge
[REDACTED]	28-AUG-1983	19-DEC-2011	Reckless Conduct

Any injuries? ☐ No ☒ Yes, (briefly describe): Scratch above the right eyeAny resulting death? ☒ No ☐ Yes, attach coroner's report or forward upon completion and explain below:

Name of deceased: _____

Specific cause of death: _____

Date & time of death: _____

Was deceased on suicide watch at or immediately before time of death? ☐ Yes ☐ No

Reported by: _____

Was deceased examined by a physician? ☐ No ☐ Yes, on: _____Did deceased display signs of illness? ☐ No ☐ Yes, describe: _____

Detainees Interviewed			
Name	Date of Birth	Date Confined	Arresting Charge

Officials Interviewed	
Name	Title
Officer WELLS, James #12881	Police officer
Officer GAETA, Jaime #17317	Police officer
Officer JONES, Deon #11850	Police Officer

Principal cause of occurrence:

Combative and intoxicated arrestee.

Summary of specific details of occurrence (include date and time):

(This is a duplicate report, the original was submitted on the date of occurrence)

On 19-DEC-2011 at 10:05 PM in the 006th district booking area of lockup, the prisoner, while waiting to be fingerprinted, was intoxicated and verbally abusive to officers disrupting the fingerprinting of other prisoners. Subject lunged at an officer and battered the officer during the attempt to restrain the prisoner.

Recommendations to prevent future occurrences:

Place intoxicated and aggressive prisoners into a secure cell until they are stable enough for fingerprinting

Sgt. Kevin J. Barry	1816	<i>SGT K. J. Barry</i>	12-JAN-2012
Print Reporting Officer's Name	Badge #	Reporting Officer's Signature	Date
Lt Margaret Sears	396	<i>Lt Margaret Sears</i>	12-JAN-2012
Print Shift Commander's Name	Badge #	Shift Commander's Signature	Date

Note: Use of this form is required; please do not alter format. Where available, this form may be completed and submitted on-line as directed by the Office of Jail and Detention Standards.

The Illinois Department of Corrections is requesting disclosure of information necessary to accomplish the statutory purpose as outlined in 730 ILCS 5/3-15.2. Disclosure of information is MANDATORY. Failure to provide the information could result in a court order requiring compliance with 20 Ill. Adm. Code 701.702, or 720.

Distribution: Office of Jail & Detention Standards, Reporting Facility

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(Replaces DC 464 & 464-C)